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ALSTON - WITH - GARRIGILL
RURAL DISTRICT COUNCIL

**ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR 1948.**

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To the
ALSTON - WITH - GARRIGILL
RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report as Medical Officer of Health for your area for the year 1948.

Yours faithfully,

JOHN R. HASSAN.



REPORT OF THE MEDICAL OFFICER OF HEALTH FOR ALSTON-WITH-GARRIGILL FOR THE YEAR 1948.

SECTION A

VITAL STATISTICS

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area	...	...	...	...	...	...	...	36,971 Acres
Population:								1948
Registrar-General's Estimate of Resident Population, Mid-year	...	...	...	...	...	...	2,250	
Number of Inhabited Houses according to Rate Book:—								
Alston Ward (Country)	...	...	...	...	...	...	193	
Alston Ward (Lighting Area)	...	...	...	...	...	...	265	
Nenthead Ward	...	...	...	...	...	...	211	
Garrigill Ward	...	...	...	...	...	...	138	
			Total	...	...	...	807	
Rateable Value	...	...	...	...	...	...	£8,958	
Sum represented by Penny Rate (less Exchequer Grants)	...	...	...	...	...	...	£33 11	5.524d.

SOCIAL CONDITIONS

The figures available show some very satisfactory signs of advance and progress in the district. For example there is a slight increase in the population and there is good reason to believe that the increase is being maintained. In this connection it has long been realised that the population of the district has been limited by the accommodation available. In addition to the extensive farming in the district there are two large and several small industrial undertakings. Both farming and industrial production could be greatly increased in the event of more labour being localised. As the prosperity of the district is dependent on these factors the Council have attacked the housing problem in an ambitious and determined manner, and already, it is pleasing to report that the number of Inhabited Houses has

increased, in spite of the fact that many old properties vacated by New Council House tenants have been left uninhabited, being unfit or dangerous for further use as dwellings. Although other developments and improvements are envisaged the present housing policy must continue as a major item.

Both the birth rate and death rate have decreased slightly but the birth rate is lower than the death rate. This normally is a retrogressive sign and if such a state continued the community would ultimately cease to exist. This is not so in Alston. The high death rate is due to the fact that many of pensionable age live in the area, and further many come on retiral. The second factor is that many of child-bearing age, although earning a living do not reside here, because of the housing shortage.

It is reaffirmed that housing is the most essential public work.

Prosperity is present in Alston and must assuredly remain, as the results of our labour will continue to be in demand indefinitely.

The health of the district is good and it is felt that the people of the district can look forward with confidence to a great increase in public works and amenities.

LIVE BIRTHS.

1948.

					M.	F.
Legitimate	...	...	...	...	16	17
Illegitimate	...	...	...	...	1	1

STILL BIRTHS.

35

		M.	F.
Legitimate	...	—	—
Illegitimate	...	—	—

ANNUAL BIRTH-RATE per 1,000

estimated population

For this Area	...	...	...	...	15.6
For Cumberland	...	...	...	...	19.4
For Rural Districts of Cumberland	...	...	...	...	19.5
For England and Wales	...	...	...	...	17.9

STILL BIRTH-RATE for the Area per 1,000	...	—
Total Births	...	—
	M.	F.
DEATHS	19	23
Total ...	...	42

RATES per 1,000 estimated population:—

For this Area	...	...	...	...	18.7
For County of Cumberland	...	...	...	...	11.6
For Rural Areas of Cumberland	...	...	...	...	11.6
For England and Wales	...	...	...	...	10.8

Deaths from Puerperal Causes:

Puerperal Sepsis	...	...	...	...	Nil.
Other Puerperal Diseases	...	...	...	...	Nil.

M. F.

Deaths of Infants under 1 year:

(Illegitimate None)	...	...	...	—	...	1
Total ...	...	...	1	—	—	—

Rate All Infants per 1,000 live births	...	...	...	0.4
Rate for England and Wales	...	...	...	34.

M. F.

Deaths from Cancer (all ages)	...	...	1	...	1
Total ...	...	...	2	—	—

Deaths from:

Measles (all ages)	...	...	...	...	—
Whooping Cough	...	...	...	...	—
Diarrhoea (under 2 years)	...	...	...	...	—

SECTION B(i) **Public Officers of the Authority.**

Medical Officer of Health (Part-time):—

JOHN R. HASSAN, M.B., Ch.B., D.R.C.O.G.,
Market Place, Alston.

Daily, 9—10 a.m.; 6—7 p.m.

Sanitary Inspector:—

H. FELL, M.S.I.A., Town Hall, Alston.

(ii) (a) **Laboratory Facilities:**—

A highly organised and efficient service is rendered by the Cumberland Pathological Laboratory at all times.

(b) **Hospital Transport:**—

With the inception of the National Health Service on the 5th July, 1948 transport to hospital became a National charge. Those able to travel by public transport have the fare refunded. Those who require car transport have this provided by any of the taxi proprietors in Alston, Nenthead and Garrigill each of whom have a contract with the Cumberland County Council, the Health Authority.

Ambulance transport is available in the form of a vehicle in which a stretcher can be carried. While thankful to have such a vehicle for the few occasions on which it is required, there is much to be desired still.

(c) **Home Nursing:**—

This service is carried out satisfactorily. The service is administered by the Regional Hospital Board on behalf of the Cumberland County Council, a happy and economical arrangement in view of the shortage of nurses which is felt here more acutely than most areas. The figures for the year however demonstrate the adequate nature of the service.

(d) **Clinics and Treatment Centres:**—

There has been an increase in the use made of the above with obvious benefit to the users. Increasing use has been made of the transport facilities to the Cottage Hospital from Nenthead and Garrigill.

(e) **Hospitals:**—

Although a full range of consultant and specialist services is provided at Newcastle and Carlisle the increasing use of the Cottage Hospital has made apparent many defects and deficiencies. The extension and modernising of the hospital is planned and no doubt will be carried out in due course.

SECTION C

(1) WATER.

The area is served by small independent supplies, brief descriptions of which are as follows:—

(i) Alston.

Springfield supply, rising in limestone strata and located a mile south of Alston at an altitude of 1,165 O.D. The water is collected in a covered reservoir of approximately 9,000 gallons. Estimated consumption, ~~5,000~~
^{50,000} gallons per day.

(ii) Nenthead.

Spring supply rising in limestone, located near Killhope Cross on the Cumberland—Durham border at an altitude of 1,700 ft. O.D. The water is collected in a covered reservoir of approximately 32,000 gallons capacity. Estimated consumption, 20,000 gallons per day.

(iii) Garrigill.

Spring supply rising in limestone about two miles south of Garrigill and is collected in a covered reservoir of approximately 15,000 gallons capacity at 1,200 ft. O.D. Estimated consumption, 9,200 gallons per day.

The quality of this water is satisfactory but of a hard nature.

It will be noted from the above details that the storage capacities and estimated consumption leave very little margin in the event of damage or extraneous interferences and difficulties have been experienced in maintaining constant supplies.

During the year the existing chlorinator at Springfield, for the treatment of the Alston supply, was replaced by a new plant, supplied and installed by Messrs. Wallace & Tiernan, Ltd., at a cost of £145. Since installation, this equipment has functioned satisfactorily, apart from minor defects.

(2) Sewers and Sewage Disposal.

The area is adequately sewered so far as the main centres of population are concerned and the various plants have been found to be efficient in operation. With slight modification these are capable of dealing with a much increased load if necessary.

It is noticeable, however, that at the more isolated dwellings of the area, very little attention has been given to the matter of sewage disposal and the numerous small water courses in the area are unfortunately used extensively for the conveyance of faecal matter.

This, however, is being remedied slowly, by the construction of small sewage treatment plants.

(3) (i) Closet Accommodation.

The improvement continues as shown in the following figures:—

No. of Pail Closets	...	...	...	178
No. of Earth Closets	...	...	...	158
No. of Water Closets	...	...	...	496

(ii) Public Cleansing.

Collection of refuse in the area is by contract, using horse-drawn carts, and proves to be unsatisfactory from many angles, both in collection and disposal. The method of collection and disposal is at present under review. The use of mechanical transport with direct labour and tipping and one central site, far removed from habitation is necessary.

(iii) Sanitary Inspection of the Area:—

Number of Inspections	...	...	...	...	546
Nuisances Reported	...	...	...	...	1
Nuisances Abated with informal notice	...	...	...	...	4
Informal Notices	...	...	...	...	4
Statutory Notices	...	...	...	...	Nil
Number of Houses Inspected	...	...	...	...	119
Number of Houses Disinfected	...	...	...	...	Nil
Houses Demolished	...	...	...	...	1
New Houses Erected (Local Authority)	...	...	...	...	20

Houses Reconditioned	...	...	...	...	...	Nil
Plans Submitted	...	...	...	...	...	12
Plans Approved	...	...	...	...	...	12
Number of New Sewer Connections	...	...	...	...	...	10
Number of New Water Connections	...	...	...	...	...	6

(iv) **Smoke Abatement:**—

Regulations relative to this are inapplicable to this area.

(v) **Swimming Baths and Pools:**—

None exist in the area apart from the river pools used by children. These are far from safe or satisfactory and it is much regretted that better provision does not exist in the interests of physical development.

(vi) **Bed Bugs.**

No evidence of the existence of these was found in any house.

The suggestion contained in the memorandum on Closure and Exclusion from School are closely applied as occasion arises.

(4) **Schools:**—

Alston High School—Improvements have been effected and more are envisaged in the near future. Access remains dangerous and demands attention at an early date.

Alston Infant School—Improvements are in the blue print stage for this school, and the more objectionable defects will be remedied. This applies in particular to the sanitary accommodation and the recreation ground.

Garrigill—This school is satisfactory.

Nenthall—It appears that the closure of the school is imminent. The transport of the scholars at this school and others living in the area but attending other schools will then be undertaken. This will be a benefit to this isolated area.

Nenthead—This school is satisfactory.

The health of the school children leaves little to be desired. The School Medical Service ensures a complete specialist range for any defect. Children are seen and treated with expedition.

SECTION D

HOUSING

In general, the position of housing in the area has changed little during the year and remarks made in previous reports still hold good. There are a number of houses, especially in Alston, the condition of which is such that demolition is urgently required when alternative accommodation can be found for the occupants.

Unfortunately, the rate of progress of the post war housing throughout the country, coupled with the demand for new houses, does not hold out any great hope of enabling the clearance schemes, formulated by the Alston-with-Garrigill Rural District Council before the war, to be put into operation in the near future.

When the allocation of new Council Houses was under consideration the Council decided that when old properties were vacated, an approach would be made to private landlords in the hope of securing an improvement in the properties which remained suitable for further habitation. It is gratifying to report that close co-operation has been attained and water and food storage facilities provided in a number of instances.

Post War Housing.

During the year 1948, there has been some improvement in the supply of materials and labour and further headway has been made. The position at the year end was as follows:—

Houses completed:

Alston	...	...	20	Traditional Type
Nenthead	...	...	8	" "

Houses in course of construction:

Alston	...	...	12	Prefabricated Airey
Garrigill	...	...	4	Traditional Type

It has been decided that the future housing programme shall include a number of two or three roomed houses for elderly people and also four-bedroomed houses for the larger families.

The difficulties faced in considering the future programme can be summarised as follows:—

- (i) High overhead expenses connected with the construction of small number of dwellings on an isolated site.
 - (ii) Standard of design, quality of material and amenities have frequently to be comprised because of the necessity of keeping cost to a limit.
-

SECTION E INSPECTION AND SUPERVISION OF FOOD

(a) Milk Sampling:

Thirty-seven samples have been taken. Thirty-two were satisfactory and five unsatisfactory.

The general standard of Milk Production in the area is satisfactory and the conditions of buildings satisfactory within structural limitations. Further improvements of the buildings necessitates alterations which no doubt would have been carried out had material and labour conditions been easier.

Number of dairymen, cowkeepers and purveyors of milk in the district—98.

Number Registered	...	...	...	...	98
Number of inspections during milk production					37

(b) Meat:

The system of distributing and the premises in which meat are stored and from which it is distributed remain unchanged.

This system of distributing is not entirely satisfactory, meat being carried in open trucks, covered with sacking and occasionally uncovered. Further action is necessary.

(c) **Ice Cream:**

Is produced locally during the summer months, in conformity with the Ice Cream (Heat Treatment) Regulations. It has been observed that motor vans from outside the district have been retailing ice cream during the summer months. They will no doubt be supervised from the point of origin.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Apart from the epidemic of Whooping Cough which visited the area in late summer and autumn there was no marked epidemiological feature and the year ended with the community in full health.

Since the inception of the National Health Service and the abolition of near compulsion of vaccination against Smallpox, it is feared that protection against this disease will not be sought. This is a deplorable trend and it is to be hoped that Public Health consciousness will assert itself as it does in the case of Diphtheria Immunisation.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) FOR THE YEAR 1948.

DISEASE	N.	H.	D.
Typhoid	—
Paratyphoid	—
Scarlet Fever	2
Whooping Cough	51
Diphtheria	—
Erysipelas	—
Smallpox	—
Measles	3
Pneumonia	7
Puerper. Pyrexia	1
Dysentery	—
Ac. Poliomyelitis	—
Chickenpox	1

N—Notified.

H—Treated in Hospital.

D—Died

TUBERCULOSIS

NEW CASES AND MORTALITY, 1948.

Age Periods.	NEW CASES				DEATHS			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0								
1								
5								
10								
15								
20								
25								
35								
45								
55 1							1	
65 and upwards ..								1
	1					1		1

1948

CAUSES OF DEATH

M. F.

1. Typhoid and Parat. Fevers	...	...	—	...	—
2. Cerebrospinal Fever	...	...	—	...	—
3. Scarlet Fever	...	...	—	...	—
4. Whooping Cough	...	...	—	...	—
5. Diphtheria	...	...	—	...	—
6. Tuberculosis of Respiratory System	...	1	...	—	—
7. Other Forms of Tuberculosis	...	1	...	—	—
8. Syphilitic Diseases	...	—	—	...	—
9. Influenza	...	—	—	...	—
10. Measles	...	—	—	...	—
11. Ac. Polio-myel and Polio-encephalitis	...	—	—	...	—
12. Ac. Infant Encephalitis	...	—	—	...	—
13. Cancer of Mouth M., and Uterus F.	...	—	—	...	—
14. Cancer of Stomach and Duoden	...	—	—	...	—
15. Cancer of Breast	...	—	—	...	1
16. Cancer of other sites	...	—	1	...	—
17. Diabetes	...	—	—	...	—
18. Intracranial Vascular Lesions	...	5	...	3	—
19. Heart Disease	...	—	3	...	9
20. Other diseases of Circulatory System	...	4	...	2	—
21. Bronchitis	...	—	—	...	1
22. Pneumonia	...	—	2	...	—
23. Other Respiratory Diseases	...	—	—	...	—
24. Ulcer of Stomach or Duodenum	...	—	—	...	—
25. Diarrhoea (under 2 years)	...	—	—	...	—
26. Appendicitis	...	—	—	...	1
27. Other digestive diseases	...	—	—	...	3
28. Nephritis	...	—	1	...	—
29. Puer. and post-abort. sepsis	...	—	—	...	—
30. Other Maternal Causes	...	—	—	...	—
31. Premature Birth	...	—	—	...	1
32. Congenital Diseases	...	—	—	...	—
33. Suicide	...	—	—	...	—
34. Road Traffic Accidents	...	—	—	...	—
35. Other Violent Causes	...	—	—	...	—
36. All Other Causes	...	—	1	...	2
<hr/>					
TOTALS ... 19 ... 23					

M. and F. signify Male and Female.



